The New England

DEACONESS HOSPITAL

Annual Report 1950

Herald – 2/20/52

THE

CONGRATULATIONS are tendered Methodist Bishop John Wesley Lord (right), new president of the New England Deaconess Hospital, by Dr. Warren F. Cook, executive director.

Bishop Lord Named Head of Hospital Board

Methodist Bishop John Wesley Lord was elected president of the New England Deaconess Hospital yesterday at the annual meeting of the corporation. Bishop Lord, who also is a trustee of the hospital, succeeds Ernest G. Howes who died last October.

Elected trustees were Harold C. Case, president of Boston University; Ralph Lowell, Mrs. William H. Ames, William Rand, Everett Pervere, the Rev. Ernest Sheperd of Concord, N. H., and George W. Lamb of Springfield.

Elected to the corporation were Gov. Sherman Adams of New Hampshire, Sumner T. Pike, William Rand, O. Kelley Anderson, James T. Mountz, John Hill, Dr. J. Wendell Yeo, John A. Bailey of Hartford, the Rev. E. T. Cooke of Haverhill, Adna J. Cutting of Worcester, the Rev. G. A. Higgins of Springfield, the Rev. Charles X. Hutchinson, Jr., of Norwich, Ct., H. C. Marden of Waterville, Me., and Dr. Bruce S. Old.

Dr. Warren F. Cook, executive director, said the $5,000,000 central building will be ready for occupancy by the end of the year, and reported that the hospital hopes to install a 2,000,000-volt rotary type X-ray machine for cancer treatment to supplement the work at the hospital's new Cancer Research Institute.

The New England

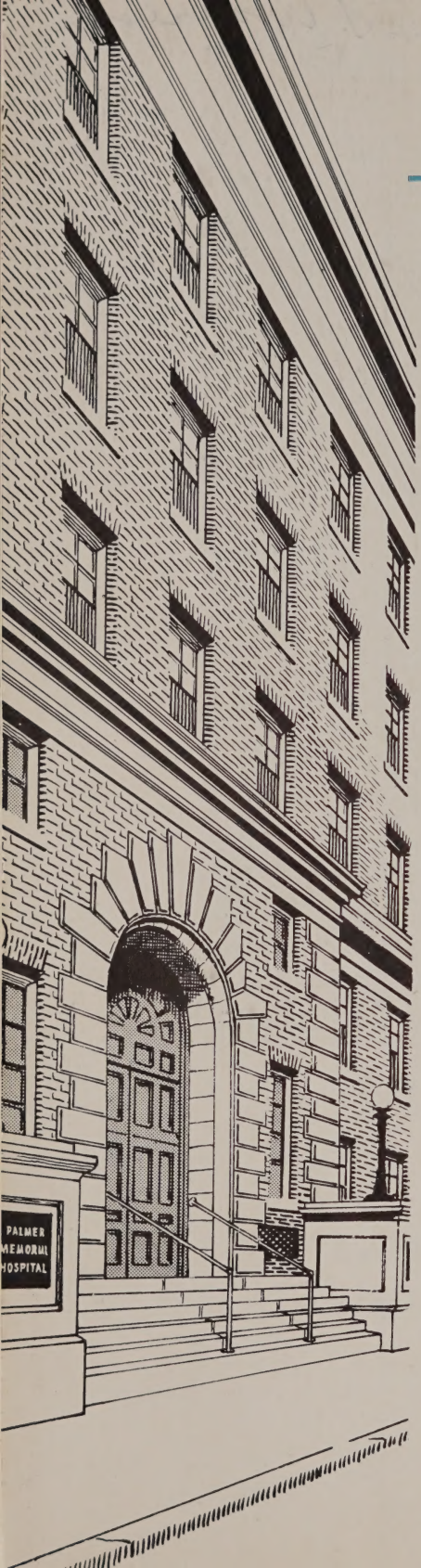
DEACONESS HOSPITAL

1950

Deaconess General • Palmer Memorial

George F. Baker Clinic

Sixteen Deaconess Road
Boston 15, Massachusetts



Foreword

The New England Deaconess Hospital has become famous for its special skills in the treatment of cancer, diabetes, thyroid, brain, chest and general surgery.

Proud as we are of the skills and reputations of our staff of specialists, we want to emphasize the fact that the New England Deaconess has remained a general hospital . . . in fact, a better general hospital because of the standards set by its specialties.

This annual report to the Board of Trustees, the Members of the Corporation, and the Public, attempts to present a comprehensive picture of the various functions of the New England Deaconess Hospital during the year 1950.

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Officers of the Hospital

President
ERNEST G. HOWES
321 Summer Street, Boston, Massachusetts

Vice President
HOWARD D. BREWER
12 East Worcester Street, Worcester, Massachusetts

Treasurer
FRANCIS W. CAPPER
Boston Safe Deposit & Trust Company
Boston, Massachusetts

Clerk
VINCENT P. CLARKE
27 State Street, Boston, Massachusetts

ADMINISTRATION

Executive Director — WARREN F. COOK

Assistant Director — ROBERT D. LOWRY

Night Superintendent — BEATRICE SPARGO

Personnel Director — ELLEN ADAMS

Public Relations Director — ELIZABETH S. BRADFORD

Purchasing Agent and Chief Pharmacist
JOSEPH K. CHAMBERLIN

Executive Housekeeper and Laundry Manager
WALTER C. EMERY

Social Service Director — GERTRUDE S. JAMESON

Roentgenologist — JOSEPH H. MARKS, M.D.

Credit Manager — MILTON B. NELSON

Director of Nursing and Principal of The School of Nursing
OLIVE L. NELSON

Supervisor of Surgery — RUTH E. PENDLETON

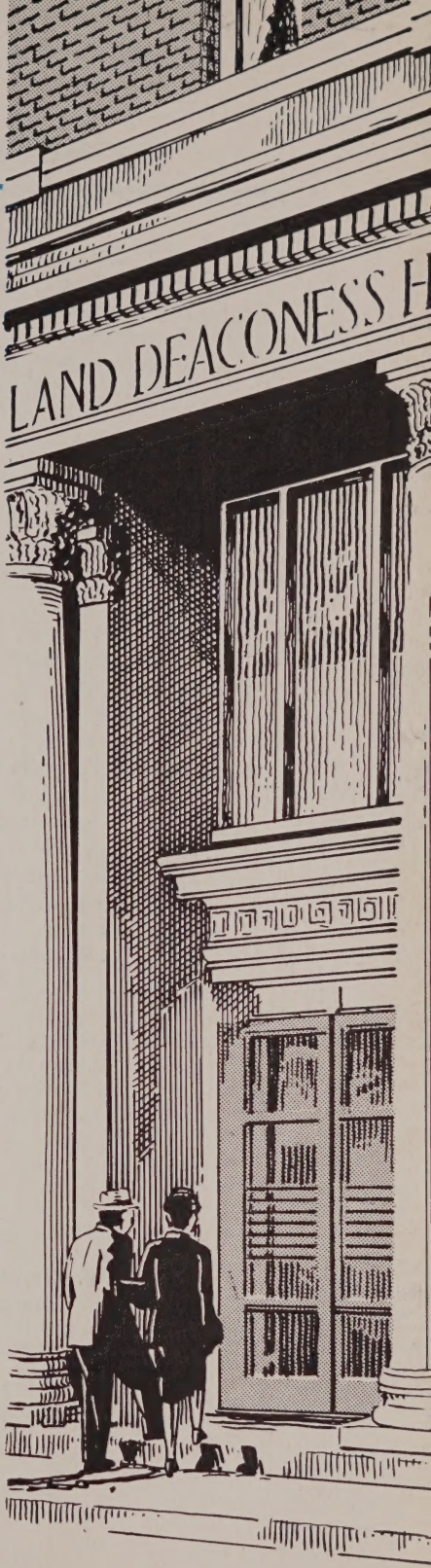
Superintendent of Maintenance and Engineering
DONALD L. SABINE

Office Manager — BERTINA TERKELSEN

Pathologist — SHIELDS WARREN, M.D.

Director of Volunteer Service — PAMELA A. WHITNEY

Dietitian in Chief — EFFIE MAY WINGER



Board of Trustees

Term Expiring 1952

Francis W. Capper
Mrs. Alexander G. Grant
Miles C. Higgins
Laurence H. H. Johnson
Mrs. Eugene H. Mather
Charles O. Pengra
Leland Powers
Glenwood J. Sherrard
Mrs. Sheldon E. Wardwell
Edward E. Whiting

Term Expiring 1953

†Mrs. Charles F. Adams
Carl S. Ell
Sam T. Emery
Ernest G. Howes
J. Franklin McElwain
Robert H. Montgomery
Sinclair Weeks
Mrs. E. N. Wrightington
Roy A. Young

Term Expiring 1954

Alfred H. Avery
Emory S. Bucke
Horace A. Carter
Paul F. Clark
Vincent P. Clarke
Paul A. Draper
John A. Dunn
Roger I. Lee, M.D.
Stanley O. MacMullen

Term Expiring 1955

John Barnard
Howard D. Brewer
Miss Mabel T. Eager
Earl Johnson
Henry S. Rogerson
Howard W. Selby
Joseph P. Spang, Jr.
Donald B. Stanbro
Ralph E. Thompson

Term Expiring 1956

Mrs. Roscoe A. Carter
Elliott P. Joslin, M.D.
Frank H. Lahey, M.D.
William O. LeFavre
John Wesley Lord
C. Adrian Sawyer, Jr.
Matthew P. Scullin
William B. Snow
F. R. Carnegie Steele

Executive Committee

Stanley O. MacMullen, *Chairman*

John Barnard
*Francis W. Capper
*Vincent P. Clarke
John A. Dunn
Carl S. Ell
*Ernest G. Howes
Henry S. Rogerson
Howard W. Selby
William B. Snow

Howard F. Root, M.D., *Staff Representative*

† Deceased * Ex Officio

Members of the Corporation

*Mrs. Charles F. Adams
Herbert F. Aldrich
Charles T. Allen
Willard C. Arnold
Alfred H. Avery
R. K. Bachelder
John Barnard
Maurice E. Barrett
William H. Bath
Lester L. Boobar
Edwin A. Brewer
Howard D. Brewer
F. Nelson Bridgham
F. Gorham Brigham, M.D.
Edgar S. Brightman
William G. Brooks
Emory S. Bucke
Theodore L. Buell
Maurice L. Bullock
T. R. Burns
Frank W. Buxton
Horace T. Cahill
Arthur A. Callaghan
Russell R. Cameron
Duncan R. Campbell
Francis W. Capper
Horace A. Carter
Mrs. Roscoe A. Carter
William H. Carter
Harold C. Case
Richard B. Cattell, M.D.
Paul F. Clark
Wilson D. Clark, Jr.
Vincent P. Clarke
James V. Claypool
Karl T. Compton
Howard W. Cowee
Ray H. Cowen
Guy W. Cox
Louis A. Cox
Orville E. Crain
G. Albin Dahlquist
E. Merrill Darling
George R. S. Denton
Albert C. Dieffenbach
George P. Dike
Robert G. Dodge
Paul A. Draper
John Ainsworth Dunn
Miss Mabel T. Eager
Carl S. Ell
Eben H. Ellison, Jr
Sam T. Emery
Laurence W. C. Emig
George A. Fallon
James F. Farr
Allan Forbes
Harry P. Forte
W. Jesse Fowler
Fred E. Fox
Carl W. Garland
J. Arthur Gibson
Hamilton M. Gifford
C. Homer Ginns
Francis J. Good
*Mrs. John L. Grandin
Mrs. Alexander G. Grant
William M. Gunter
Leonard C. Harris
Harley Daniel Hawver
J. Willard Hayden
Bernard M. Hanninger
Miles C. Higgins
Harry B. Hill
Charles C. P. Hiller
Ernest G. Howes
Richard S. Humphrey
A. Alonzo Huse
Charles W. Jeffras
Earl Johnson
Ernest S. Johnson
Gordon Johnson, M.D.
Laurence H. H. Johnson
Mrs. Harry L. Jones
Ralph P. Jones
Elliott P. Joslin, M.D.
William T. King
J. Franklin Knotts
Theodore C. Koch
Frank H. Lahey, M.D.
George W. Lamb
Roger I. Lee, M.D.
William O. LeFavre
Herbert E. Locke
John Wesley Lord
Stanley O. MacMullen
Alexander Marble, M.D.
Daniel L. Marsh
George A. Martin
Mrs. Eugene H. Mather
J. Franklin McElwain
Frank M. McGowan
Leland S. McKittrick, M.D.
Edward F. Miller
Philip I. Milliken
Edward F. Miner
Robert H. Montgomery
Spencer Montgomery
William H. Nye
Charles Parkin
Lester C. Peabody
Charles O. Pengra
Joseph E. Perry
Robert M. Pierce
Leland Powers
William P. Pritchard
John B. Reid
Henry S. Rogerson
Howard F. Root, M.D.
Charles F. Rowley
C. Adrian Sawyer, Jr.
George G. Scrivner
Matthew P. Scullin
Howard W. Selby
G. Vaughn Shedd
Joseph M. Shepler
Glenwood J. Sherrard
William B. Snow
Joseph P. Spang, Jr.
E. Ray Speare
Donald B. Stanbro
Louis S. Staples
F. R. Carnegie Steele
Albert Stone, Jr.
Earl E. Story
Archiver J. Strait
LeRoy W. Stringfellow
Francis D. Taylor
Ralph E. Thompson
Harold F. Tobey, M.D.
Miss Clara Trowbridge
Irving J. Walker, M.D.
Mrs. Sheldon E. Wardwell
Shields Warren, M.D.
Parker Webb
Sinclair Weeks
C. D. Wentworth
Ross Whistler
Edward E. Whiting
Ben Ames Williams
Lawson Williams
Elwin L. Wilson
John C. Wingett
Mrs. E. N. Wrightington
Roy A. Young

* Deceased

Report of the
EXECUTIVE DIRECTOR

For the New England Deaconess Hospital, 1950 was a year of unusual achievement. Two large, important projects were begun. On October 20 ground was broken for the new Central Deaconess Building, a project which for the past decade has very much occupied our thoughts. Now it has ceased to be merely something on paper and the frustrations of waiting, the occasional discouragements, the fear of not being able to work out the initial financial requirements have ended. *We are started!* It is our first major building program since the erection of the George F. Baker Clinic in 1935. Of course, for many months ahead we will be working out innumerable details with contractors and suppliers, struggling with war shortages and financial problems. But no obstacle seems insurmountable now that we are on our way. Centralization of services for all the Deaconess buildings is a major object of this particular project — the grouping of kitchens, operating rooms, x-ray, laboratories, and administration — so that operating costs can be cut to a minimum. In the past we have had as many as 700 people awaiting admission. With 27 per cent added to our bed capacity, we will be able to care for over 2,000 additional patients annually and bring our patient-days service up to more than 125,000. We expect that the new building will be ready for use in about a year and renovation in the Deaconess and Palmer Buildings will be completed four to six months later. We received a $410,000 gift for this building from the Federal Government, which was the full amount requested, despite the fact that previous to this grant, the President and the Bureau of the Budget cut the appropriation for medical schools and hospitals in half. The money for our building, however, was released upon the recommendation of the State Board of Health because we were ready to begin construction at once. I think you might be interested to know that on October 7, the week end before the government allotment was to be made, we were over $100,000 short of cash, securities and good pledges, the amount required to match the government's grant. Over the week end, thanks to our good friends, we raised this necessary amount in firm and tentative pledges. And, incidentally, more than $60,000 in cash and firm pledges has now been paid toward this amount. The final papers were then signed and on October 20, we broke ground for this central building.

1950's second important project for the New England Deaconess Hospital was the beginning and near completion of the Cancer Research Institute, the first of its kind in New England to be devoted solely to cancer detection and study. Its primary purpose will be to assist the private practitioner in cancer diagnosis. The funds for this three-story building came through a $485,000 grant from the United States Department of Public Health, secured largely through the influence of Dr. Warren, the hospital matching the gift with beds and land and other items. An additional $65,000 for a teaching auditorium in this building has been raised by the doctors of the Staff. This building will be occupied in the spring of 1951, and Dr. Shields Warren, Chief of Pathology at the New England Deaconess Hospital and Director of the Biology and Medicine Division of the United States Atomic Energy Commission, will be in charge.

The war emergency in which the nation is involved affects us all, economically and morally. Hospitals are the fifth largest "industry" in America — $34,500,000,000 was spent in hospitals in 1949 by 17,500,000 people, and the non-profit units of this industry, such as ours is, will feel

this impact of a war emergency in terms of manpower shortages and increased costs much more than government hospitals and those operating for profit. A shortage of nurses is already noticeable and that trend will grow as the armed forces attract graduates, and profit industry attracts potential students. Lacking adequate nursing care, we may be faced with the problem of temporarily withdrawing beds from service which, in turn, will seriously affect income. One prominent Boston hospital has already had to close 150 bed units and a similar situation exists at another local hospital because of the nurse shortage.

Some materials are already becoming difficult to obtain and the high prices of all supplies and foods do not make an altogether encouraging picture.

As a final sombre note, we must and will do everything possible to cooperate with the Boston Civilian Defense Program. We are expected to stockpile emergency surgical and drug supplies and train personnel in self-care and in moving and caring for patients in an emergency. Unfortunately, we know that should Boston be bombed, the Deaconess Hospital would be the least able to transfer patients to other places because of the serious types of illnesses we handle. Nearly half our patients could not be moved without serious consequences because of their severe illness. Each day we take a census of what patients could or could not be moved.

Improvements and purchases are responsible for some extraordinary expenses during the year. Plumbing in Harris Hall, the nurses residence, was completely renovated at a cost of $41,000; new x-ray equipment has cost us $16,000; two parcels of real estate were purchased at $38,000; a new enclosed and paved parking area has cost $16,000 above the purchase price of the property; a twelve-room house for Operating Room nurses was purchased and completely furnished, making a lovely home; a new incinerator now under construction will cost $24,291; we also purchased a giant ironer with an automatic folder for the laundry which cost nearly $25,000.

In spite of some financial imponderables in the future, we have a great cause to advance. Here the work of one of the finest groups of physicians in America is carried out. These physicians perform major types of surgery and research not generally duplicated in any general hospital of the land. The hospital in its turn must continue to match the excellence of this medical staff with superior facilities.

In addition to its day-to-day operation, the MAINTENANCE DEPARTMENT in 1950:

Remodelled the old office of the Deaconess X-ray Department to accommodate the new diagnostic x-ray machine.

Installed the steam, electrical and ventilating piping for the Laundry Department's new giant ironer.

Moved the Nurses Infirmary from Harris Hall to the second floor of the Palmer Building, a change which necessitated partition construction and the building of a kitchen unit.

Installed four ice-making machines throughout the hospital to eliminate the purchase of ice, an installation which will amortize itself within three years.

Installed a new oil burner and hot water tank for the Kent Street Nurses Residence and made improvements at the Kent Street Laboratory for the Atomic Energy Commission.

Revamped the old plumbing system on the third floor of Faculty House.

Repainted all rooms in Palmer, Deaconess, and Baker, the exterior of two of our frame buildings and the outside window trim of the entire Deaconess Building.

The fuel cost figures are interesting because they are indicative of the times. We burned 468,000 gallons of fuel oil last year, 24,410 gallons less than in 1940 — but at an increased cost of $12,786.

Recently the American Institute of Laundries, which tests the quality of service of both commercial companies and hospitals, gave the New England Deaconess Hospital LAUNDRY a 99 per cent rating. All new presses and a giant ironer with an automatic folder were installed during the year. This saves the services of two people. This type of modern equipment permits us to handle two-and-a-half million pieces each year. The central sewing room, set up in 1949 as an economy measure, amply proved its worth by making and repairing over 36,000 pieces.

The HOUSEKEEPING DEPARTMENT has worked out joint inspection routines with the Nursing Department to improve efficiency and cleanliness.

The PHARMACY Store has done a gross business during the year of more than $250,000, turning over the entire stock three times. Although prices of medical, surgical and pharmaceutical items have almost

doubled since 1940, we have been able to inventory profitably twice as much as we did ten years ago.

For the first time in twenty years a graduate of the Deaconess School of Nursing heads the Nursing Staff. Miss Margaret Shrader, who had held this position for the past six years and had done so much to improve our school, resigned to enter definite religious work. Miss Olive Nelson was appointed Director of Nursing and Principal of our School of Nursing in July and under her supervision the Nursing Department is continuing the steady improvement in the school and its care of all patients. Miss Nelson's unusual personality and the fact that she is one of our own graduates has made the change very smooth.

The Nursing School, with forty-five faculty members and 209 students, received full accreditation from the National Nursing Accrediting Service in November. Of this we are very proud. It means much to our school.

In midyear the first three-day Preview Course for prospective students was started for the purpose of giving the uninitiated girl a taste of what nursing is actually like and to help the faculty make its selections. Classes, a tour of the hospital, some work on study habits, dormitory living, a physical examination and back x-rays filled the three days. This Preview activity undoubtedly reduced the number of later withdrawals from the school. This was one of the first previews of its kind in America and received national comment in the official hospital journals.

The Personnel Department has had an unusual task this year in seeking employees for the Cancer Research Institute. Schools throughout New England and New York State were acquainted with the opportunities for employment and there was an excellent response from them. An unusually careful examination of credentials and qualifications was made before the candidates were selected.

Dietitians are almost unobtainable. Recruiting for them has been done on a country-wide scale. Sixty schools and universities where dietetic interns are trained were contacted, as well as employment agencies in Chicago, Philadelphia, Cleveland, New York, and Boston.

The Board of Trustees approved the participation of our employees in Social Security. This will cost between $15,000 and $18,000 annually but is an outstanding advance in employee relations; older employees

and those with long service records are especially grateful for this opportunity to obtain benefits provided by the Social Security Act.

In 1950 the Dietary Department served over three-quarters of a million meals — to patients and employees — an increase of 75,000 over 1949. Thousands of these meals required special planning and preparation to provide the complicated diets of many seriously ill patients. The New England Deaconess Hospital Diet Manual, recently completed, is a valuable aid and is in use on all floors throughout the hospital.

During the year the Palmer Tumor and Cancer Clinic, a part of the Out-Patient Department gave 3,729 services to 1,045 patients. An intensive follow-up of 1,015 cancer cases was done during the year. This was financed by a grant from the Massachusetts Division of the American Cancer Society. Thirty-four examinations were given to patients who were discovered to have tumor conditions uncovered by the Greater Boston Chest X-ray Survey held in 1949.

A special study was made at the Cancer Detection Clinic for Well People. 890 patients received detailed examinations. Members of our own medical staff gave long hours to this project aided by representatives from the Harvard Medical School of Public Health and the State Department of Health, which is now evaluating the results that will give us percentage of cancers, the pre-cancerous conditions and other diseases that were uncovered.

The Social Service Department is mindful that all patients have problems, that sometimes these seem almost insurmountable, and that whatever the degree of the problem, it can, if not properly resolved, retard a patient's physical recovery. Learning from the doctors, the Chaplain, and others about these problems and helping to ease the patient's burden is the function of Social Service. During the year 1,853 patients were helped. 285 outside agencies were contacted and 113 people were placed in nursing or convalescent homes. Over 1,000 medical follow-ups were made.

The Volunteer Service has been carried on throughout the year by Volunteers, Gray Ladies, Nurses Aides and Deaconess Aides who work regularly and faithfully at the hospital.

Their help is indispensable in the Out-Patient and Cancer Detection Clinics, the Blood Bank, the Library and the wards and numerous other places. Our Operating Rooms count upon the surgical dressings prepared by our Friends of the Deaconess as well as by six church groups: All Saints and Leyden Churches in Brookline, the Old South Church in

Boston, Wellesley Hills Congregational Church, St. John's Methodist Church in Watertown, and St. John's Methodist Church in Dedham. All this work is highly important to us and we are sincerely grateful for it. But as we plan our hospital's part in the Civilian Defense Program, a part which by its very nature will be complex and must include all of our personnel, the help from the volunteers will be depended on more and more. The Deaconess Hospital is fortunate to have the marvelous support of these good friends, especially our women of the Friends of the Deaconess who labor so faithfully in the interest of the hospital and support us so well.

Three new people have been employed in responsible positions, who, I believe, will greatly aid us in our work. Miss Beatrice Spargo, one of our own graduates and an experienced administrator, has been appointed Night Superintendent. This addition gives us renewed confidence for this period of the day when so many are seriously ill and fewer personnel are on duty. Our Credit Office is now headed by Mr. Milton Nelson, a man long experienced in credit and loan employment; and our Public Relations Office is being handled by Mrs. Elizabeth S. Bradford, whose previous experience has been with *Life* and *Time*.

I want to publicly acknowledge my indebtedness to the members of this body: the Trustees; the members of the Executive Committee who give so many hours to the needs of the hospital; the Building Committee (doctors and laymen) which worked through so many discouraging days and nights to bring our building plans to such rich fruition; and to the Staff which has labored so faithfully and effectively during the year, endeavoring to draw a new staff organization to fit the new building plans. I cannot imagine a more cooperative and painstaking group working in the interest of efficient care for the patients of the Deaconess Hospital. I also would be remiss if I did not express my appreciation for the cooperation and fine performance of my colleagues, Mr. Lowry, Heads of Departments, and others who have shared the work of administration with me. I think we have not only the finest group of employees the hospital has ever had, but as fine as any hospital I know. They have gladly put in many hundreds of hours of overtime on the plans for the new building, which will accrue to the hospital's ultimate good.

The husband of a patient came to my office last week and said that he and his wife had been in several of New York's best hospitals but they had never anywhere experienced the efficient care and the warm, courteous friendliness of the Deaconess Hospital. Let us thank God for this spirit which preserves our work and makes it outstanding.

Patients in hospital, January 1, 1950		209
Patients admitted 1950		8,327
Medical	3,050	
Surgical	5,277	
Private	1,264	
Semi-private	3,009	
Ward	4,054	
Patients discharged 1950		8,294
Medical	2,921	
Surgical	5,373	
Private	1,327	
Semi-private	2,961	
Ward	4,006	
Patients in hospital December 31, 1950		251
Deaths		260
Hospital mortality percentage		3.1%
Autopsy percentage		62.7%
Occupancy percentage		92.1%
Total patient days' service		100,802
Medical	27,348	
Surgical	73,454	
Private	16,046	
Semi-private	32,559	
Ward	52,197	
Full paying	59,627	
Free and part free	41,175	
Average daily census		276.2
Largest number treated in one day		305
Smallest number treated in one day		188

Average days stay in hospital		12.1
Private	12.1	
Semi-private	11.0	
Ward	13.0	
Operations		5,923
Major	3,142	
Minor	2,781	
Average number of operations per month		494
X-rays		22,561
Diagnostic	18,993	
Therapy	3,568	
Laboratory tests		223,889
Autopsies	249	
Bacteriological examinations	5,779	
Basal metabolisms	736	
Chemical examinations	147,213	
Electrocardiograms	2,909	
Solutions	43,072	
Surgical examinations	7,777	
Transfusions	7,928	
Plasma	22	
Donors	8,204	
Other special services		
Dental X-rays		228
Dental treatments and prophylaxis		136
Dental consultations and examinations		2,963
Dental extractions		194
Foot room		5,247
Hospital consultations		3,509
Out-door		18,886
Clinic	5,657	
Dental	527	
Foot room	82	
Laboratories	5,647	
Operating Rooms	359	
X-ray	6,614	

Warren F. Cook

MEDICAL STAFF

Administrative Staff

Elliott P. Joslin, M.D., Physician-in-Chief Emeritus
Frank H. Lahey, M.D., Surgeon-in-Chief Emeritus

Howard F. Root, M.D., Chairman
Shields Warren, M.D., Secretary
F. Gorham Brigham, M.D.
Richard B. Cattell, M.D.
Alexander Marble, M.D.
Joseph H. Marks, M.D.
Leland S. McKittrick, M.D.

Deaconess Division

Surgeons

Richard B. Cattell, M.D., Surgeon-in-Chief

Hollis L. Albright, M.D.
Bentley P. Colcock, M.D.
Frank H. Lahey, M.D.
Charles A. Lamb, M.D.
Halsey Beach Loder, M.D.
Charles C. Lund, M.D.
Samuel F. Marshall, M.D.
Leland S. McKittrick, M.D.
Joe Vincent Meigs, M.D.
Theodore C. Pratt, M.D.
Fred A. Simmons, M.D.
Neil W. Swinton, M.D.
Irving J. Walker, M.D.
Kenneth W. Warren, M.D.
Paul A. Younge, M.D.

Physicians

Howard F. Root, M.D., Physician-in-Chief

Frank N. Allan, M.D.
Theodore L. Badger, M.D.
C. Cabell Bailey, M.D.
Elmer C. Bartels, M.D.
George O. Bell, M.D.
Allen G. Brailey, M.D.
F. Gorham Brigham, M.D.
Robert W. Buck, M.D.
Walter S. Burrage, M.D.
John W. Cass, Jr., M.D.
Arthur A. Cushing, M.D.
Donat P. Cyr, M.D.
James A. Evans, M.D.
Frank P. Foster, M.D.
Hugh P. Greeley, M.D.
Albert A. Hornor, M.D.
Lyman H. Hoyt, M.D.
Lewis W. Hurxthal, M.D.
Harriet D. James, M.D.
Stewart H. Jones, M.D.
Sara M. Jordan, M.D.
Allen P. Joslin, M.D.
Elliott P. Joslin, M.D.
Lewis W. Kane, M.D.
Everett D. Keifer, M.D.
Donald S. King, M.D.
Roger I. Lee, M.D.
James S. Mansfield, M.D.
Alexander Marble, M.D.
R. William Marlow, Jr., M.D.
Francis E. McDonough, M.D.
Rosemary Murphy, M.D.
H. Archibald Nissen, M.D.
John W. Norcross, M.D.
W. Richard Ohler, M.D.
A. Seymour Parker, Jr., M.D.
Leroy E. Parkins, M.D.
Carey M. Peters, M.D.
John R. Ross, M.D.
David I. Rutledge, M.D.
Dwight L. Siscoe, M.D.
Frances H. Smith, M.D.
Carlton R. Souders, M.D.
Richard P. Stetson, M.D.
William B. Stevens, M.D.
James H. Townsend, M.D.
Martin L. Tracey, M.D.
Conrad Wesselhoeft, M.D.
Priscilla White, M.D.
S. Allen Wilkinson, M.D.

Anesthetists

URBAN H. EVERSOLE, M.D.
LEO V. HAND, M.D.
MORRIS J. NICHOLSON, M.D.
ROBERT ORR, M.D.
EDWIN R. RUZICKA, M.D.

Bacteriologist

HAROLD B. KENTON, PH.D.

Cardiologist

BURTON E. HAMILTON, M.D.

Dermatologists

C. MARSHALL CRAWFORD, M.D.
JOHN L. FROMER, M.D.
C. GUY LANE, M.D.
ETHEL M. ROCKWOOD, M.D.

Gynecologists

HENRY T. HUTCHINS, M.D.
FRANK A. PEMBERTON, M.D.

Laryngologists

CARL H. ERNLUND, M.D.
JOHN R. FRAZEE, M.D.
WALTER B. HOOVER, M.D.
FRANK D. LATHROP, M.D.
LYMAN RICHARDS, M.D.
HAROLD G. TOBEY, M.D.
FRANCIS L. WEILLE, M.D.

Neurologists

JAMES B. AYER, M.D.
G. COLKET CANER, M.D.
JOHN B. DYNES, M.D.
OSCAR J. RAEDER, M.D.
WALTER I. TUCKER, M.D.

Neurosurgeons

GILBERT HORRAX, M.D.
JAMES L. POPPEN, M.D.

Ophthalmologists

WILLIAM P. BEETHAM, M.D.
LOUISA PAINE TINGLEY, M.D.
J. HERBERT WAITE, M.D.

Oral Surgeons

VARAZTAD H. KAZANJIAN, M.D., D.M.D.
*HAROLD A. KENT, D.M.D.
LEROY M. S. MINER, M.D., D.M.D.

Orthopedists

GEORGE GUY BAILEY, M.D.
ALBERT H. BREWSTER, M.D.
GILBERT E. HAGGART, M.D.
ROBERT H. MORRIS, M.D.
WILLIAM A. ROGERS, M.D.
FRANK L. SHIPP, M.D.
*JAMES W. TOUMEY, M.D.
GEORGE W. VAN GORDER, M.D.

* Deceased

Pathologists

Olive Gates, M.D.
Samuel P. Hicks, M.D.
William A. Meissner, M.D.
Shields Warren, M.D.

Pediatrician

Warren R. Sisson, M. D.

Roentgenologists

Isabel K. Bogan, M.D.
Hugh F. Hare, M.D.
Mirle A. Kellett, M.D.
Joseph H. Marks, M.D.
Magnus I. Smedal, M.D.

Thoracic and General Surgeons

Herbert D. Adams, M.D.
David P. Boyd, M.D.
Richard H. Overholt, M.D.
John W. Strieder, M.D.
Richard H. Sweet, M.D.
Norman J. Wilson, M.D.
Francis M. Woods, M.D.

Urologists

Weston T. Buddington, M.D.
Fletcher H. Colby, M.D.
Harvard H. Crabtree, M.D.
Vernon S. Dick, M.D.
Earl E. Ewert, M.D.
Roger C. Graves, M.D.
Sylvester Kelley, M.D.
George Gilbert Smith, M.D.

Chiropodist

J. F. Kelly, B.S.C.

Palmer Memorial Division

Visiting Staff

Leland S. McKittrick, M.D.	Surgeon-in-Chief
F. Gorham Brigham, M.D.	Physician-in-Chief
Carl H. Ernlund, M.D.	Laryngologist
Joseph H. Marks, M.D.	Roentgenologist
Joe Vincent Meigs, M.D.	Gynecologist
George Gilbert Smith, M.D.	Urologist
Shields Warren, M.D.	Pathologist

Surgeons

Weston T. Buddington, M.D.
Clifford C. Franseen, M.D.
Gerald G. Garcelon, M.D.
Francis Ingersoll, M.D.
Wyland Leadbetter, M.D. — Urologist
John B. McKittrick, M.D.
Carroll C. Miller, M.D.
Langdon Parsons, M.D.
Richard H. Sweet, M.D.

Physicians

Robert E. Brownlee, m.d.	
Samuel P. Hicks, m.d.	Pathologist
Francis T. Hunter, m.d.	
Mirle A. Kellett, m.d.	Roentgenologist
L. Tillman McDaniel, m.d.	
William A. Meissner, m.d.	Pathologist
Carey M. Peters, m.d.	
James L. Tullis, m.d.	

Consultants

Elliott P. Joslin, m.d.	Honorary Consulting Physician
Joseph C. Aub, m.d.	Medicine
Francis Audin, m.d.	Anesthesia
James B. Ayer, m.d.	Neurology
Henry K. U. Beecher, m.d.	Anesthesia
Edward B. Benedict, m.d.	Endoscopy
Olive Gates, m.d.	Pathology
Burton E. Hamilton, m.d.	Cardiology
Leo V. Hand, m.d.	Anesthesia
John S. Hodgson, m.d.	Neurological Surgery
Henry Jackson, Jr., m.d.	Medicine
Varaztad H. Kazanjian, m.d., d.m.d.	Oral Surgery
Harold B. Kenton, ph.d.	Bacteriology
*George R. Minot, m.d.	Hematology
W. Jason Mixter, m.d.	Neurological Surgery
Richard H. Norton, Jr., d.m.d.	Oral Surgery
Frank A. Pemberton, m.d.	Gynecology
Ethel M. Rockwood, m.d.	Dermatology
William A. Rogers, m.d.	Orthopedic Surgery
Leroy A. Schall, m.d.	Laryngology
Channing C. Simmons, m.d.	Surgery
Louisa Paine Tingley, m.d.	Ophthalmology
Henry R. Viets, m.d.	Neurology
J. Herbert Waite, m.d.	Ophthalmology

Associate Staff

Hollis L. Albright, m.d.	Charles C. Lund, m.d.
Thomas J. Anglem, m.d.	Francis D. Moore, m.d.
Isabel K. Bogan, m.d.	Robert H. Morris, m.d.
Bradford Cannon, m.d.	H. Archibald Nissen, m.d.
John W. Cass, Jr., m.d.	Richard H. Overholt, m.d.
Earle M. Chapman, m.d.	Leroy E. Parkins, m.d.
Fletcher H. Colby, m.d.	Theodore C. Pratt, m.d.
Ernest M. Daland, m.d.	Howard F. Root, m.d.
Roger C. Graves, m.d.	Dwight L. Siscoe, m.d.
Ward I. Gregg, m.d.	John W. Spellman, m.d.
E. Parker Hayden, m.d.	Richard P. Stetson, m.d.
Albert A. Hornor, m.d.	William B. Stevens, m.d.
Lyman H. Hoyt, m.d.	Charles L. Swan, m.d.
Lewis W. Kane, m.d.	Grantley W. Taylor, m.d.
*Harold A. Kent, d.m.d.	George W. Van Gorder, m.d.
Frank H. Lahey, m.d.	Irving J. Walker, m.d.

* Deceased

Report of the
PHYSICIAN-IN-CHIEF

The effects of the national emergency, already felt in the demand for young physicians in the armed forces, will also be felt in relation to the provision of nursing care in the hospital and in plans for cooperation with those responsible for Civilian Defense.

During 1950 the occupancy of the hospital beds attained a higher level than 1949. The total number of patient-days of treatment increased by 2.7 per cent and the pressure for beds needed for sick patients particularly during the winter and spring months was excessive. A striking fact was that 41 per cent of the total 101,000 patient-days treatment were given patients who could pay part only of their hospital charge or were free patients. This is the highest percentage ever attained in the hospital's history. It clearly indicates the need and the opportunity for plans devoted to providing care at lower costs and for medical education and information which will be preventive, as in the case of instruction of diabetic patients in care of the feet, and which will shorten the hospital stay still further by admitting patients for operation at an earlier and more favorable stage.

Directly related to the general problem of the care and prevention of chronic disease are the plans reported to the Trustees of the hospital in 1950 by Dr. Elliott P. Joslin looking to the establishment of a Teaching Clinic in Diabetes. Much of the invalidism and many of the deaths of diabetic patients could have been postponed or entirely prevented. Particularly is this true among the young patients in their thirties and forties, if they had been taught not once but at repeated hospital observations the facts about the control of diabetes which when applied will accomplish these results.

The new Teaching Clinic would provide a building in which patients would be ambulant. They could, therefore, go to a common cafeteria and the cost and the serving of food could be reduced. Being ambulant they would require less nursing care and, indeed, might well carry out a part of the care of their own rooms. Special laboratory and diagnostic services would increase the usefulness of the new Deaconess Hospital equipment. Such an institution might take convalescent patients. Many beds now used in the main hospital for nonoperative patients might be set free for those requiring surgery.

The new addition to the hospital, now well underway, will not only add needed beds but provide much needed space for services which will improve the care of patients in quality and at an economy of time and labor.

Anticipating the new building, the Deaconess Hospital staff through the efforts of a special committee have laid plans for the reorganization of the staff, which will recognize and provide for the cooperation of the three major units, namely the Lahey Clinic, the George F. Baker Clinic, and the General Staff. The needs of the medical staff in the future have been given serious consideration over a period of months. The staff at the Deaconess Hospital is a large one and exceedingly diversified. Because the patients come to the Deaconess Hospital not only from all parts of this country but from many foreign countries, they are frequently found to have a variety of complications. It is essential in such a hospital that the staff provides broad, competent, and specialized experience. The addition of young men who may grow up with the hospital is essential. Connections with the teaching faculty of the three medical schools as well as with the other large hospitals of the city are advantageous. Actually, among the present staff twenty-nine men hold or have held teaching positions of professorial rank. Two members of the Deaconess Hospital staff have been Presidents of the American Medical Association. Three Boston physicians have received the Distinguished Service Award granted annually by the American Medical Association. One of these physicians is a member of the Deaconess Hospital staff, one of the Peter Bent Brigham Hospital and one a member both of the Boston City Hospital and the New England Deaconess Hospital staffs. In reviewing the staff requirements for the future, the committee has sought quality and diversity of talent in its members, but particularly has sought new men who will bring to the hospital the particular experience and training needed by the patients and especially by the members of the staff for purposes of consultation.

Teaching must expand in the future. The Elliott P. Joslin Auditorium will be opened for use when the new Cancer Research Institute is completed. Thanks to the building of the Cancer Research Institute it became obvious in March, 1950, that if a sum of $50,000 could be raised quickly the long-needed and long-hoped-for auditorium might be built as a second story above the Out-Patient Clinic of the Cancer Research Institute. A committee of twenty-five members of the staff undertook in a short period of time to raise the sum. Thanks to Dr. and Mrs. George G. Averill of Waterville, Maine, whose gift of $25,000 almost guaranteed the success of the undertaking, to the prompt contribution

of the Friends of the Deaconess, to the efforts of many patients and physicians, the auditorium has become an accomplished fact. It will provide the necessary seating capacity for the growing staff meetings, for the needs of the School of Nursing, and particularly for meetings of patients and the public where health information may be disseminated. Post-graduate courses in medicine and surgery and clinical teaching making use of the newer methods including television will be possible.

Medical instruction carried on in the Deaconess Hospital, without mentioning teaching done in the Departments of Pathology, Roentgenology and Surgery has included the following: (1) Clinical instruction of limited groups of undergraduates, medical students from Harvard Medical School, Tufts Medical School and Boston University has continued. (2) Post-graduate teaching for groups from both Harvard and Tufts has been carried out through voluntary, informal courses and by a special one-week graduate course in diabetes. (3) The number of physicians who participate in the Fellowship program in both medical and other specialty forms, the many members of the staff teaching and presenting work of the hospital at medical meetings in various parts of the country, and the number of publications both in journal form and book form from the Deaconess Hospital has enlarged.

The investigation of many medical problems, especially metabolic problems in the field of diabetes, has continued and with the acquisition of more space the future of the laboratory program seems bright.

The staff meetings have been improved by a new program and the attendance has increased so much that the new auditorium is really needed. The medical staff expresses its profound appreciation to the School of Nursing and its Director for the high quality of nursing, to the Social Service Department for its invaluable aid, and finally to the Administration for unfailing cooperation.

Howard F. Root, M. D.

Norman Rines

Report of the
SURGEON-IN-CHIEF

The fact that this country is in a state of partial mobilization has greatly complicated the task of running a private voluntary hospital such as ours. I need not call your attention to the increasing cost of maintaining the best hospital service to patients, nor to the administrative difficulties that have been caused by this situation. I should, however, like to mention how this affects the professional staff of the hospital, both physicians and nurses. We are proud to recall that a large number of our staff served for long periods of time in active military service in the recent past. Many who have already served now feel that their status is somewhat in doubt, but it can be stated that for the immediate future the number again entering active military service will not seriously interfere with the professional work of the hospital even with full occupancy. The problem of maintaining a satisfactory nursing staff to provide adequate nursing service is a serious one, as there is a great competitive demand for nurses both for civilian and military duties. I am pleased to state that in spite of these difficulties, nursing service has been maintained at a satisfactory level. The nursing service not only deserves our commendation but our full support in the problems which they will have to meet in the near future.

The professional staff, not only surgical but those in medical and surgical specialties, are preparing to meet the needs, both civilian and military, on both the state and federal levels. It will be necessary in the near future to cooperate with the Massachusetts Civilian Defense organization as well as help in determining those who should be held for essential civilian medical care.

The local situation at the hospital itself is no less confusing, yet we are all glad to see the satisfactory progress of this new building. We can accept and tolerate the dislocation and inconveniences that are necessary in this building program in order that the physical facilities for carrying out the surgical work of the hospital may reach a standard commensurate with the importance and seriousness of the work carried on. Those familiar with operating room facilities offered in the modern hospital must admit that probably in no hospital in the world is the amount of

STERILE

major surgery done under such difficult conditions as are present in our hospital.

During the last year Miss Florence Brown, Supervisor of the Operating Room, resigned to be married and her place has been taken by Miss Ruth E. Pendleton. There has been a rapid turnover of operating room personnel which has increased the work and responsibility of the new supervisor. Based on recent experiences this changing personnel will probably continue.

As we enter a new period in the history of the New England Deaconess Hospital which will begin with occupancy of our new building, I think it is important again to call attention to the fundamental nature of the New England Deaconess Hospital, so far as its professional staff goes. This is fundamental in planning the expansion of the hospital in order that it can continue to function in the best fashion. It is primarily a hospital for the treatment of private patients and for those unable to pay full cost for whose care the professional facilities of the hospital are particularly needed. This number will always be restricted by the funds available for their care. We cannot be compared to the large general hospital or teaching hospital, nor should we attempt to model ourselves after them.

In view of the nature of the hospital we cannot assume the responsibility nor financial cost of an intern or residency program. The teaching of the hospital continues to be an important part of its professional activities but fundamentally this is in the grade of postgraduate instruction. It will interest you to know that over 125 men and women are at present receiving this type of instruction in radiology, pathology, medicine, general surgery, thoracic surgery, other surgical specialties, and anesthesia. This teaching activity combined with postgraduate instruction to visitors who come to the hospital daily throughout the year can be considered a most important contribution of the New England Deaconess Hospital to medicine. It is interesting to see in the daily visitors' roster names of physicians from countries little represented in recent years, as for example, Japan, India, South Africa and Austria. Visitors from western Europe and South America continue in considerable numbers. During the last year the hospital cooperated fully in conducting operative clinics for the Clinical Congress of the American College of Surgeons. This was a particularly successful meeting and I wish personally to thank all those in the hospital who helped to make this a success.

The surgical work in the hospital for 1950 continued in the same proportion as in the preceding years. Listed below are the operations for 1950.

	Deaconess	*Palmer*	*Total*
Major	2114	1028	3142
Minor	1745	1036	2781
	3859	2064	5923
Transfusions	1638	449	2087
Total	5497	2513	8010

A total of 3,142 major procedures was carried out. I have spoken in previous reports relative to the seriousness of the major surgery done in the hospital and I think I can refer to many of them in the way they were spoken of by the Physician-in-Chief last year in which he termed many of them as "super-majors." A total of over 2,000 transfusions was given in the hospital during this last year. Thus a total of over 8,000 operative procedures was carried out in the two operating suites at the main hospital and the Palmer operating rooms. From this one can see the need for the increased number of rooms necessary in the new building.

During the last year we have lost two valued members of our medical staff. Dr. James W. Toumey, an orthopedist of the Lahey Clinic staff, served our hospital in a quiet and efficient manner for a number of years and served in the United States Navy Medical Corps during the war, both in naval hospitals in this country and abroad. Dr. Harold A. Kent, oral surgeon, filled a very important place in our hospital doing active surgical work and consultations for a long period of years. His services were always available for all patients in the hospital and his work was carried out in spite of a physical condition existing for many years which made his work doubly hard. Both of these highly valued members of our staff will be greatly missed.

During the past year the professional staff and its needs have been carefully considered and a few new men have been appointed to the staff to fill definite needs. Additions to the staff have been necessarily limited by the limitation of beds which could be made available to them.

On behalf of the surgical staff of the hospital, I wish to thank the members of the corporation for their part in providing the new facilities which will be shortly available, the nursing staff for its help in maintaining a high standard of medical care, and the administration of the hospital for its cooperation in meeting the many problems that arise throughout the year.

Richard B. Cattell, M. D.

Report of the
PATHOLOGIST

The year 1950 has seen a continued increase in difficulty of operation, with equipment more difficult to obtain and skilled personnel becoming increasingly scarce. In spite of this, the work of the Blood Bank has increased 11 per cent over last year, that of the Intravenous Department 8 per cent, that of the Pathologic Laboratory 3 per cent, while the tests done in the Chemical Laboratory have decreased slightly numerically with the exception of electrocardiograms which have increased 32 per cent. However, increase in complexity of the types of tests performed in the Chemical Laboratory has nullified a decrease in work there.

The Laboratory is grateful to all its staff for effective and precise work in cramped quarters.

During the year the new Cancer Research Institute building has been structurally completed in large part. It will add much to the potential of the hospital for scientific medical accomplishments. A Scientific Advisory Board has been set up for the Institute, consisting of Dr. Richard B. Cattell, Surgeon-in-Chief of the New England Deaconess Hospital and Surgeon, Lahey Clinic; Dr. Sidney Farber, Pathologist-in-Chief, Children's Hospital, Director of Research, Children's Cancer Research Foundation, and Professor of Pathology, Harvard Medical School at the Children's Hospital; and Dr. A. Baird Hastings, Professor of Biological Chemistry, Harvard Medical School.

Staff members of the Institute are:

Ralph W. McKee, Ph.D.	Assistant Professor of Biological Chemistry
Russell F. Cowing	Research Associate in Biophysics
Edna H. Tompkins, M.D.	Research Associate in Hematology
Bradley E. Copeland, M.D.	Research Associate in Pathology (Clinical Pathology)
Olive Gates, M.D.	Research Associate in Pathology
Samuel P. Hicks, M.D.	Research Associate in Pathology
Sheldon C. Sommers, M.D.	Research Associate in Pathology
Margaret W. Holt, Ph.D.	Research Associate in Radiobiology

In April, 1950, a research contract was entered into with the United States Atomic Energy Commission, work under which has been carried on by the staff in borrowed quarters.

There have been several changes in the staff of the Laboratory of Pathology. On July 1, 1950, Dr. Samuel P. Hicks was freed from a portion of his work here to enable him to fill the urgent need of the Peter Bent Brigham Hospital for a pathologist. Dr. Hicks will return after a year's time. Dr. Edna H. Tompkins has been added to the senior staff as Research Associate in Hematology; Dr. Sheldon C. Sommers as Associate Pathologist; Dr. Bradley E. Copeland as Associate Pathologist (Clinical Pathology); and Dr. Ralph W. McKee as Assistant Professor of Biological Chemistry.

Our resident training program has continued effectively.

Shields Warren, M. D.

Report of the
ROENTGENOLOGIST

Ground breaking for the new Central Building was an important event for the Department of Roentgenology, and we look forward to the day when our Diagnostic and Therapy Departments are in one place with adequate space and equipment.

Unfortunately, the close of the year clearly indicates that we are not living in a period of world peace; shortages of material are again apparent and threaten to interfere with the day-to-day operation of this department.

During the year a total of 18,993 miscellaneous examinations were made and 3,568 treatments given. In 1940, 6,727 examinations and 5,638 treatments were done; x-ray treatments have fallen off somewhat during this ten year period. We believe this is due in part to the changes in the type of treatment for certain forms of cancer and in part to the fact that a great many community hospitals now have their own x-ray therapy machines. However, our interest in therapy continues; we have more and better equipment today and hope to have even better equipment in our new building. An increasing number of hospitals now have machines operating at 1,000,000 or more volts. We hope we may join that group.

We have now completed our first calendar year of routine photo-roentgen examination of the chest of all hospital admissions, exceptions being those patients unable to stand or with known pulmonary diseases for whom other types of chest examinations are given; 7,461 patients, out-patients, nurses and employees were examined during the year. Chest x-rays, given as a part of our pre-employment physical examination program, have made it possible for the hospital to avoid hiring applicants with communicable and compensable disease.

JOSEPH H. MARKS, M. D.

Report of the
FRIENDS OF THE DEACONESS

During 1950 the Friends of the Deaconess concentrated on fund raising. A theatre benefit evening at a performance of "Mr. Roberts" was a new project which netted us nearly $1,500.

In May the Annual Pops Concert again took place ably managed by Mrs. John B. McKittrick. The Junior Friends of the Deaconess sold flowers during the evening and the proceeds from this and the concert amounted to $1,200.

Also in May the Friends were guests at a reception given by the School of Nursing for the Graduating Class; at that gathering we regretfully said goodby to Miss Margaret Shrader, retiring Director of Nursing.

There was a large turnout of members at the June Picnic; Mrs. Richard Overholt raised $75 that day by auctioning off an amusing collection of articles.

Dr. Leland McKittrick gave an "off-the-record" talk at our Annual Meeting in October on the many current problems facing hospitals and doctors; we were pleased to have Miss Olive Nelson as a guest at this meeting.

October and November were filled with great preparations for our Rummage Sale held on November 16 in the Parish House of the Presbyterian Church in Brookline Village. $1,600 was raised due to the marvelous efforts and direction of Mrs. Sheldon Wardwell. Mrs. Shields Warren, Mrs. Harold B. Kenton, Mrs. Robert H. Garritt and Mrs. Cummings worked very hard to prepare for this sale.

Mrs. F. Gorham Brigham, assisted by Mrs. E. N. Wrightington, and Mrs. Sheldon Wardwell made a collection of favorite recipes which were attractively boxed and sold by the Friends during the Christmas season; revenue is still coming in from this project.

A committee of Mrs. Dudley Howe, Mrs. Sheldon Wardwell, Mrs. F. Gorham Brigham and Miss Pamela Whitney selected decorations and furniture for the reception room of the new Cancer Research Institute; this room is a memorial to Miss Sadie Hagen.

It is with sadness that we report the death of one of our oldest board members, Mrs. J. Parke Fiske. $300 has been sent to us in her memory.

Our major contributions for the year are as follows:

Hospital Fund	$2,000
Cancer Research Institute Auditorium	1,300
Nursing Scholarships and the Sadie Hagen Memorial	5,000

We have in the Treasury a considerable balance, earmarked for some part of the new Central Building the progress of which it is a joy for us to watch.

Space does not permit a detailed description of our Surgical Dressing Meetings and Bridge Teas and our various small gifts to different departments. It is sufficient to say that the Friends of the Deaconess with a membership of 281 (ten of whom are Life Members) have had a full and busy year.

CATHERINE D. GRANT

Financial Statement

WE HAD current assets available for use without any restrictions as follows:

Cash		$ 48,271.35
Accounts receivable less reserve for uncollectible accounts		101,331.85
Inventories of supplies		125,000.43
Insurance prepaid		9,604.43
		$ 284,208.06

OUR LIABILITIES to be met from the above assets consisted of accounts payable and accrued expenses . $ 115,139.07

THE DIFFERENCE was the balance of our general fund, December 31, 1950, and provision for alterations and improvements. $105,793.73 63,275.26 $ 169,068.99

WE HAD at December 31, 1950, unexpended balances of gifts and bequests for special purposes, endowment, building and equipment funds which are listed below with the kind of assets which represent them:

Unexpended balances of gifts and bequests for special purposes *represented by cash and investments*	$ 117,614.46
Endowment funds and annuity reserve *represented by cash and investments*	1,093,799.87
New Building Fund *represented by cash and investments*	1,327,638.82
Cancer Research Building Fund *represented by cash and cost of construction in progress*	510,047.92
Auditorium Fund *represented by cash, investments, and cost of construction in progress*	61,850.58
Land, Buildings and Equipment Fund *represented by land, buildings and equipment, including Radium*	2,505,613.06

WE EARNED by caring for and furnishing medicines and supplies to patients		$2,367,434.03
But we gave FREE TREATMENT of	$136,333.96	
And experience has taught us to make provision for UNCOLLECTIBLE ACCOUNTS to the amount of	48,307.33	184,641.29
So that our NET HOSPITAL INCOME was		$2,182,792.74
THE DIRECT COST of providing care and supplies for patients including administration		2,162,580.51
Resulting in a SURPLUS FROM OPERATIONS of		$ 20,212.23
We had OTHER INCOME as follows:		
Income from funds		90,406.74
Donations		17,335.49
		$ 127,954.46
We made provision for:		
DEPRECIATION, OBSOLESCENCE AND CONSTRUCTION of	$75,000.00	
ALTERATIONS and IMPROVEMENTS of	51,291.00	126,291.00
Which left a FINAL SURPLUS of		$ 1,663.46
This was transferred to the GENERAL FUND, an analysis of which follows:		
BALANCE ON JANUARY 1, 1950		$ 137,877.62
THE GENERAL FUND was increased by:		
Unrestricted legacies		102.49
Transfer from Annuity Reserve		5,000.00
Surplus for year		1,663.46
		$ 144,643.57
IT WAS REDUCED BY:		
Transfer to building funds, cost of real estate acquired		38,849.84
LEAVING A BALANCE IN THE GENERAL FUND ON DECEMBER 31, 1950 of		$ 105,793.73

Income and Expense Dollar

INCOME (in CENTS per DOLLAR of Income) was provided by —	*1950*	*1949*	*1944*
Income from patients	95.5	95.1	94.7
Restricted income	1.9	2.2	1.4
Unrestricted income	1.8	1.7	1.1
Other donations	.8	1.0	1.9
Community Fund	—	—	.9
Total Income Dollar	100.0	100.0	100.0

EXPENSE (in CENTS per DOLLAR of Expense) provided for —	*1950*	*1949*	*1944*
Professional care of patients	39.9	39.8	35.9
Dietary	19.5	19.7	26.6
Administrative and general	7.5	6.7	7.2
Housekeeping	5.1	5.9	6.6
Operation of plant	3.4	3.7	5.8
Free treatment	8.8	8.9	5.8
Maintenance and repair	3.3	3.1	3.8
Laundry and linen	2.6	2.7	3.8
Reserve for Extraordinary Maintenance	2.9	3.4	—
Provision for Depreciation	3.2	3.5	—
Other expenses	3.8	2.6	4.5
Total Expense Dollar	100.0	100.0	100.0

Endowment Funds

Income to be used for free beds

Mary V. Ackley Free Bed Fund	1936	$ 3,000.00
Anonymous	1941	16,000.00
Adelaide Bunnell Allen Fund	1942	1,000.00
Julia A. Babcock Free Bed Fund	1929	200.00
George William Boyd Free Bed Fund	1909	5,000.00
Brandegee Foundation	1950	200.00
Abbie K. Chandler Free Bed Fund	1913	1,000.00
Georgette B. Coburn	1948	2,962.00
Mr. and Mrs. Costello C. Converse Free Bed Fund	1927	50,000.00
Fannie F. Eager Free Bed Fund	1908	5,000.00
George R. Eager Free Bed Fund	1921	5,000.00
Mr. and Mrs. William R. Elliott Free Bed Fund	1938	31,521.02
Free Bed for Eye Patients	1931	6,904.00
Edith W. Gallagher Fund	1933	10,000.00
Ferdinand C. Gammons Fund	1934	68,575.91
Nathan R. George Free Bed Fund	1943	29,197.38
Annie W. Gooding Free Bed Fund	1925	1,200.00
Isabella Louise Grant Free Bed Fund	1944	6,500.00
Lucy J. Haigh Free Bed Fund	1926	5,000.00
Bishop John W. Hamilton Free Bed Fund	1938	500.00
Mary Adeline Tobey Hastings Fund	1931	24,934.44
Elijah B. and Josephine M. Hine Room	1904	3,900.00
Abbie Hills Holbrook Bed Fund	1935	10,000.00
Ida Sinclair Holt Free Bed Fund	1927	25,000.00
Dr. Joshua C. Hubbard Free Bed Fund	1917	5,000.00
S. Elizabeth Huntington Free Bed Fund	1936	5,000.00
Soloman M. Hyams Free Bed Fund	1929	10,000.00
Linda May Jackson Free Bed Fund	1931	600.00
Deborah M. Josselyn Free Bed Fund	1917	346.40
Nellie Louise Kidder Free Bed Fund	1930	745.24
Kingsbury Fund for Aliens	1911	678.05
Aimee Lamb Free Bed Fund	1931	5,000.00
Effie E. Lord Free Bed Fund	1941	1,000.00

Flora E. MacGlauflin Free Bed Fund	1933	$ 5,000.00
Mary L. McIntyre Fund	1942	1,000.00
George H. Maxwell Fund	1927	10,000.00
Sarah K. Morse Fund	1928	1,758.00
Nellie S. Moulton Free Bed Fund	1931	300.00
New England Deaconess Alumnae Association Free Bed Fund	1931	10,200.00
New Hampshire Conference Free Bed Fund	1916	1,019.36
John A. Ordway Fund	1942	5,000.00
Albert N. Parlin Free Bed Fund	1930	50,000.00
Abbie S. Peasley Free Service Fund	1917	475.00
Mary E. Pickering Free Bed Fund	1926	500.00
Anna M. Pickford Memorial Free Bed Fund	1927	25,000.00
Georgia M. Whidden Porter Free Bed Fund	1938	20,696.84
Howard M. Ray Memorial Fund	1937	300.00
Mrs. Hannah R. Richards Memorial Fund	1923	1,000.00
Mary Elizabeth Slack Free Bed Fund	1944	25,000.00
Emma A. Ward Fund	1941	1,896.23
Catherine E. Watson Free Bed Fund	1923	5,000.00
Sarah Wheeler Free Bed Fund	1948	4,000.00
Annie W. Woolson Free Bed Fund	1920	5,000.00

Income to be used for special purposes

Jane G. A. Carter Orthopedic Fund	1928	1,000.00
John Howard Charlton Fund	1942	1,000.00
Mary E. Holt Room Fund (Furnishings)	1911	1,000.00
Sylvester Kimball Fund (Furnishings)	1923	500.00
Gallah Levi Fund (Furnishings)	1914	1,000.00
Mary DeShon Lowell Fund	1928	626.00
Fannie Kimball Morse and May Conant Morse Fund	1923	1,000.00
Walter S. North Fund for Study and Care of Diabetes	1941	1,000.00
Wendell Phillips Parker Fund	1945	1,040.00
William L. Shearer Fund	1932	10,000.00
Louise O. Twombley Fund	1937	100.00
F. B. and G. A. Webster Fund	1923	8,887.33
A. A. West and G. B. West Fund	1950	5,000.00
William F. Willman Fund	1934	4,887.33

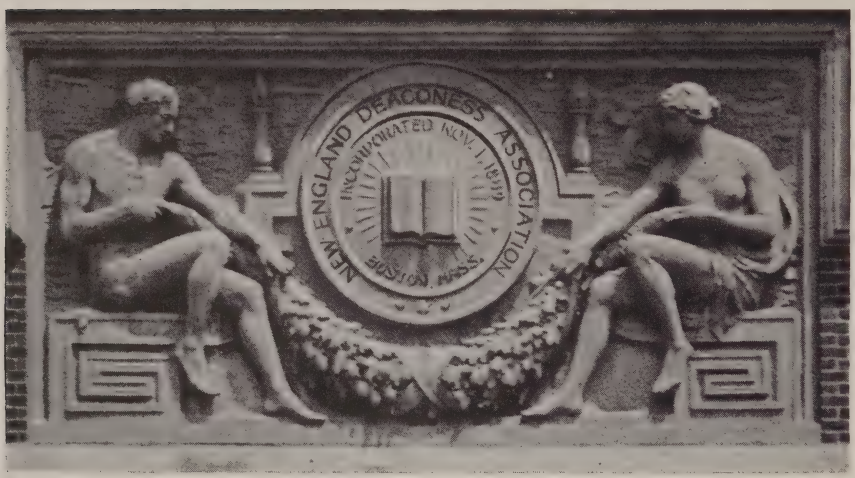
Income to be used for general purposes

Malon H. Bancroft Fund	1947	$ 1,740.51
Ada S. Blair Fund	1926	4,750.00
Elizabeth A. Botsford Fund	1946	10,000.00
John and Harriet Champhrey Fund	1923	3,063.36
Philip Chase Fund	1938	50.00
Clark Fund	1900	2,910.00
Chester C. Corbin Fund	1917	100,000.00
Clara L. Crawford Fund	1925	5,000.00
Bertrand V. Degan Fund	1947	3,000.00
Francis J. Douglas Fund	1926	500.00
Roswell L. Douglas Fund	1922	2,500.00
Inez E. Fisher Fund	1947	16,047.33
Mary George Fund	1915	1,000.00
Sarah R. Griffin Fund	1918	7,000.00
Francis W. Hale Fund	1935	1,000.00
Florence S. Haskins Fund	1949	5,000.00
Charles W. Haworth Fund	1936	300.00
Alice Hiscox Fund	1945	1,000.00
Margaret E. Johnston Fund	1926	2,500.00
Daniel Fiske Jones Memorial Fund	1938	5,000.00
George W. Lawrence Fund	1947	171,672.59
Maud G. Leadbetter Fund	1945	1,000.00
Edward E. Mallalieu Fund	1947	29,190.88
Willard Taylor Perrin and Lucy E. Perrin Memorial Fund	1939	13,010.97
Chaplain and Mrs. Charles A. Plumer Fund	1922	200.00
Herman and Emma Richter Fund	1929	2,301.46
Elizabeth Clarke Rogers Fund	1928	5,000.00
Sophie K. Rousmaniere Fund	1945	15,000.00
Andrew T. Sampson Fund	1949	2,408.40
Georgianna B. Sargeant Fund	1935	2,000.00
Smith-Hamilton Fund	1936	42,600.00
Ella Gertrude Spalding Fund	1934	2,114.87
Edward W. Swan Fund	1946	33,743.96
Sarah S. Swift Fund	1929	2,275.70
Alice Wheeler Fund	1939	8,553.19

A Suggestion

The inspiration behind more than a half-century of distinguished leadership and service of the New England Deaconess Hospital has been the desire to care for those who are not able to care for themselves. Today the need for such medical care is greater than ever.

Why not let skilled workers be the servants of your good will and begin our active association in a great cause by using one of the forms on the opposite page?



Form of Donation

New England Deaconess Hospital

Francis W. Capper, *Treasurer*
16 Deaconess Road, Boston 15, Massachusetts

Enclosed find $_____as my contribution toward relieving the suffering of the poor.

Name_____

Address_____

_____

Make all checks payable to the New England Deaconess Hospital, Boston 15, Massachusetts

Form of Bequest

I give and bequeath the sum of

_____dollars to the New England Deaconess Hospital, a corporation duly organized under the laws of the Commonwealth of Massachusetts, to be used in such manner as may be considered most expedient by the Board of Trustees.

Name_____

Address_____

_____

Date_____